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ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

By SAM'L. W. FRANCIS, M. D.,

Fellow of the New York Academy of Medicine.

No. 1.

Valentine Mott.

(Continued from p. 313.)

In 1835, overcome by the fatigues of his pursuits, Dr. MOTT visited Europe for his health, and travelled extensively through England, the Continent, and the East; visiting places of interest and scenes of a classical value rarely frequented by Americans in that day. It was at this time that Dr. MOTT tied both the carotids of a rooster in the valley of Æsculapius, and sacrificed him to the memory of the great philosopher. (See Mott's Travels.) On his return he published the result of his tour, in octavo form, a volume which found many admirers and instructed the unenlightened. Its style more resembles a phonographed conversation or the pleasing fireside narrative of interesting adventures than the cold statement of historical facts. At times Dr. MOTT seems to forget that perusers are not always friends, and, lost in the details of a fascinating experience, he seeks but to unfold the truth. Unfortunately for those who have handled with severity this emanation from a genial mind, they seem to have confounded the conceit of their own ignorance with the simplicity of his genius.

There is a popular prejudice that a surgeon always cuts if there is a chance for any operation. But this is not so; for I have heard Dr. MOTT express his disapprobation of the conduct of many Frenchmen, who only ask "is it justifiable, not is it necessary?" As a case in point of no little moment, an anecdote bearing directly on the present subject may not be amiss. During one of his sojourns in Paris, Dr. Mott called on a celebrated surgeon who received him most cordially,

and proposed a visit to his particular hospital. He asked Dr. MOTT if he would like to see him perform his original operation. The Doctor replied that nothing could afford him more pleasure. On reflection, however, the Frenchman informed him that, now he thought of it, there was no patient in any of the wards affected with the infirmity for the removal of which his operation was designed. But, said the Gallic butcher, that makes no difference, my dear friend, there's a poor devil in Ward No. —, who is of no use to himself or any one, and if you'll come at such a time, I will operate beautifully on him * * * !"

It is needless to remark that the young American peremptorily refused to aid or abet in any way so unfeeling, and, in fact, villainous a proceeding.

At this time Doctor MOTT did not confine himself to surgery and pathological anatomy alone, but visited many persons for medical treatment, and, particularly, during a series of years, was he the favorite accoucheur in the City of New York.

It is all important for the young student of medicine to bear in mind the fact that Professor MOTT, up to the last ten years; that is for more than forty years of his surgical experience, was obliged to perform operations of the most painful and dangerous character upon young and old, without the aid of any anæsthetic agent.

While at the present time the most excruciating sufferings of patients are dispensed with and one and all lie gently sleeping while limbs and nerves are removed from their trunks: in Dr. MOTT's early days stout arms held down the writhing man; firm violence was requisite to keep proportionably quiet the shrieking child, while her neck, swollen with convulsive efforts, presented but a warning obstacle to relative anatomy, and yet the trachea must be cut to save her life. What nerve, what firmness, what determination, were the attributes of him whose heart still beats with kindness for a fellow sufferer, and whose sympathy never has been hardened by the cold philosophy of ambitious eagerness.

As another evidence of the calmness of an operative faculty, Dr. MOTT has often couched for cataract at arm's length with the same facility that it can be done by the closest attention.

In the winter of 1860 I was attending one of the lectures of Prof. MOTT, in the University Medical

College. It was near the close of the session, and as was Dr. Morr's custom, before ending the term, he performed all the operations that could be executed on the cadaver. This afternoon he was explaining to the students the various methods of amputating the finger, and removed several at different joints. But unfortunately the subject was rather superannuated and shriveled, consequently the skin had dried and hardened so that much difficulty was experienced in cutting through the integument. It was necessary to employ more than ordinary power. Dr. Morr did so, but though the part was severed correctly, the scalpel slipped, and a portion of his own finger was cut off and fell on the table. A cut at best is very painful, but when it comes from a "dissecting wound" anxiety and apprehension are not only excusable but admissible. Here was an opportunity to study character and watch the countenance of him who lectured. Perhaps now he who had so often never flinched when those around were groaning under operations, might perhaps become unnerved, retire to his room, dismiss the class and look to self. Not so; instantly putting his finger in his mouth he sucked the wound, then wrapped it in his handkerchief, shrugged his shoulders, elevating his eyebrows in that manner peculiarly his own, and, went on operating on the cadaver and lecturing till the gong sounded. I had my eye on that piece of surgical flesh which had been severed from the father trunk, but being detained to assist in bandaging the Professor's finger, a brother doctor slipped into the lecture-room and secured the prize. He now can boast of Dr. Morr in alcohol. Fortunately the copious bleeding that followed the wound prevented the absorption of the deadly virus, and after festering for several days the finger healed. But for months neuralgia caused great pain.

Not long since while residing at Newport, I addressed a letter to Dr. Morr reminding him of a promise to send me a list over his own signature, of all of his original operations together with the original papers on operations, diseases, etc., connected with his professional career. The masterly treatment of the "Marsh Rosemary," a thesis written for the degree of doctor of medicine, and bringing before the public at large a remedy rarely employed before, seemed to foretell a zeal in other departments than those of botany of which Dr. Morr was not only enamored but qualified in many respects to be professor.

Soon after mailing my letter I received several from Dr. Morr containing the desired information. Extracts from two of them with verbatim copies of his own lists of operations and papers I now put in print for the first time. For future reference this list will prove of lasting interest.

NEW YORK, May 14th, 1863.

"MY DEAR FRIEND:—

At your kind request I have enclosed a list of most of my original operations. They were all performed without my ever having heard or read of their being done by any one before. This you now have from my own pen, and I declare this before all men.

Men who have never done anything themselves have attempted to rob me of some of them, but I stand on the firm and immovable rock of truth, and none of them make me afraid * * * *

Original Operations.†

Tying the arteria innominata.

Tying the primitive iliac.

Exsection of the clavicle. This is the most important and difficult operation that can be performed by man.

Exsection of the lower jaw in different portions.

Immobility of the lower jaw.

Cutting out two inches of the deep jugular vein inseparably imbedded in a tumor, and tying both ends of the vein.

Closing with a fine ligature, wounds of large veins of a longitudinal or transverse kind, and even when an *olive-sliced piece* has been cut out.

These I have seen, and by pinching up the wound with forceps and applying a small ligature the wound has healed without obliterating the canal of the vein. In this way I treated successfully the great axillary and the deep jugular * * * *

Your attached friend,

V. MOTT."

Dr. S. W. FRANCIS.

NEW YORK, 20 May, 1863.

"DEAR DOCTOR:—

I have enclosed for you most of my little doings in the way of writing * * * *

No one has had from me such papers (a list of original operations and papers) and perhaps they may be of use to some one hereafter.

† Dr Mott is now treating a patient for a new disease, or, rather surgical affection. Both of his testicles have been drawn up by a gradual contraction of the surrounding muscle until they are, at the present time, pressed up against the ring. Exquisite suffering is at times endured, and day and night a heavy pain is experienced that, from its annoying consequences, has forced him to relinquish his mechanical pursuits and follow a more harmless trade. This state of affairs has existed for some six months. Though Dr. Mott has consulted other surgeons of eminence on the subject, none seems to have known of a similar case. It is also strange that the patient, a married man, is enabled to have connection with a reasonable amount of pleasure and no present inconvenience or increase of troubles. Prof. Mott, having pursued many skillful measures with no permanent benefit, has decided to cut down, divide the spermatic nerve and remove a large portion of the cremaster muscle. The result of the operation will unfold new truths and prove of interest to those engaged in alleviating the afflicted.

Papers Published.

Relative anatomy of the subclavian arteries within the sceleni muscles.

Memoirs on injuries of the skull and brain illustrated by cases.

Essay on pulsation in epigastrio.

Memoirs on tying the arteria innominata.

Several papers on exsection of the lower jaw in various portions and articulation on one side: with plates.

Cases illustrating the utility of tying the common carotid for the safe removal of large tumors, and starving malignant diseases which cannot be extirpated.

Removal of thyroid body which weighed four pounds, with entire success.

Nasal operation with plates. Original. Successful.

Distal—anticardial or bradorean operation on the right carotid for aneurism of the innominata. Successful.

Amputation at the hip joint. Successful. Plates.

Papers on ligature of carotids, subclavians, external and internal iliaes.

Exsection of clavicle for enormous osteo-sarcoma, ulcerated and bleeding. Successful.

Essay on the treatment of ununited fractures. Illustrated by cases.

Memoir on a peculiar tumor of the skin which we have named, *Perchadermatocoele*. Illustrated by drawings and cases.

Paper on fracture of the penis, or more properly speaking laceration of the corpus cavernosum, with cases.

Memoirs on the removal of enormous tumors of the neck of small children, with cases and drawings. In one of the cases more than two inches of the internal jugular were removed, being imbedded in the tumor. Vein tied above and below. Recovered.

Paper on tying the left subclavian under the scalenus anticus, attended with peculiar circumstances. Recovered.

Letter to AMUSSAT on the effects of admission of air in the veins in surgical operations.

Letter to LISTON, claiming originality in lower jaw operation. (See his last editions.)

Paper on the malignant pneumonia which prevailed at Newtown, Long Island, more than fifty years since. Dr. Jos. M. SMITH quoted it in his book on climate * * * * *

Truly your friend,

V. MOTT."

Dr. S. W. FRANCIS.

To this list may be added Case of Diabetes.
Sketch of the life of Wright Post, M. D.

Mott's Velpau, 4 vols., 8vo., New York. Illustrated.

Anniversary Discourse before the Graduates of the University of New York, (1860).

And Mott's Cliniques (1860), a series of bedside lectures on practical surgery, which it was my privilege to report

Dr. MOTT has also written within the past few years, Discourse before the Binghampton (N. Y. State) Inebriate Asylum.

Eulogy on John W. Francis, M. D., before New York Academy of Medicine.

Pain and anæsthesia. Printed by the Sanitary Commission

Hæmorrhage from wounds and their arrest.

The variety of the subjects, the condensed facts and the "pars magna fui" statements contained in them are sufficient evidences of a versatile mind combined with the education of experience. The young write words; as they advance in mind they deal in thoughts; but the old in knowledge, treat of facts. Dr. MOTT, himself, is a fixed fact.

Last fall at the conclusion of his lecture an elderly gentleman waited on Professor MOTT and informed him that he had just listened to his skillful treatment of a subject in anatomy; and, comparing it with the one he had heard exactly fifty years before, he could not help expressing his profound astonishment at the freshness of the expounder, the interest of statements and the distinct enunciation of his words. Can any other professor bring forth a living student who attended his lecture half a century ago? Is there not much in this for reflection of the pleasantest character?

Erect and of a commanding though benignant presence, Professor Mott pursues his daily round of duty with a calm philosophy. On his black suit no speck of white, and on his white shirt no speck of black. This is neatness.

Patriotic, he is Union to the last. On being asked at the commencement of this great Rebellion what his prognosis was, his answer may be well remembered as the best that even now, three years after, could be made. "Sir, I grant you that the body politic has been severely lacerated, and I doubt not that the wound will heal eventually, but it will be by the second intention. There will always be a scar to mark the union of dis-severed parts."

Any account of the interesting subject of this biography, though brief in its comprehensiveness, would be incomplete were not some allusion made to "honors."

Dr. MOTT was not only graduated doctor of medicine from Columbia College, but subsequently his degree of M. D. was confirmed in Edinburgh, Scotland. Later in life when his many excellent

qualities were more fully appreciated, the regents of the University of the State of New York conferred upon him LL.D. He is moreover emeritus professor of operative surgery in the University of New York; Ex-President of the Faculty; Ex-President of the New York Academy of Medicine; Fellow of the Medical Societies of Louisiana, New York, Connecticut, and Rhode Island, and President of the New York State Inebriate Asylum, and has been the recipient of honors from abroad rarely bestowed upon any American. Not long after several of his most successful and original operations, he was elected Fellow of the Imperial Academy of Paris; of the Chirurgical Society of Paris; and Fellow of the Medical and Chirurgical Societies of London and Brussels.

King and Queen's College of Physicians of Ireland, which institution has elected but twenty new members in the last two hundred years, saw fit to fill the vacancy of a deceased member by creating Dr Morr an Honorary Fellow. This is the greatest compliment yet paid to the genius of American surgery. In this democratic age, when those most worthy of merit avoid display, it may not be amiss for one without the pale of relationship to state that the order of Knight of Medjidiechi of Constantinople was conferred upon Professor Morr when abroad, by the Sultan. With but a slight deviation from its former meaning may we say

"One kingdom claims his birth,
Two hemispheres pronounce his worth."

As a lecturer Dr. Morr combines interest with truth, and illustrates the necessary steps of an operation by the forcible example of not only how to do, but how not to do it. Full of anecdote, replete with experience, he flows on with easy strides till the hour finds him fresh; the student interested and just so many important facts or axioms impressed upon the mind. It is exceedingly delicious to hear him state that in such a case an operation *might* be performed, then look up in a genial and facetious way and say "Well, gentlemen, you may do so but *I* am afraid."

As regards his general health Professor Morr has enjoyed more than the apportioned share of man. Well and strong, with a good appetite as a boy, he developed into a finely proportioned man, and with the exception of occasional weakness, the result of an over-taxed constitution, his days of illness have been few. During the last six years, however, gastric neuralgia and angina pectoris have been the source of much suffering of a most distressing nature. But a careful diet and freedom from excitement may preserve unto us for years, one whom it is a privilege to love, honor, and respect. Married in early life and surrounded by a numerous family, Dr. Morr has been amply

qualified to appreciate the influences of the domestic circle. And now but one more fact remains to be brought forth. Dr. Morr is a Christian and believes in the regenerating influences of a Saviour's death. It is his firm conviction that to grow old gracefully one must be religious.

MEDICAL FRAGMENTS.

By A. P. DUTCHER, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from page 80.)

Heart Clot; its Diagnosis.

The formation of a blood clot in either of the cavities of the heart, or larger blood-vessels is always a fatal occurrence. Some writers have spoken of the possibility of their removal, but I have never met with such an instance where the diagnosis was pronounced. I have seen two cases that recovered from what was supposed to be heart clot, but they were wanting in some of the general symptoms and physical signs which always mark the existence of this fearful accident. That it is an accidental occurrence, will be doubted by no one who has made the subject a matter of careful study. There are several circumstances which may lead to their formation such as softening of the heart, congestion of the lungs, and syncope. The latter is the most frequent cause. Hence, whatever produces syncope exposes an individual to all the dangers of a heart clot. It is, therefore, the source of a large mortality in uterine hemorrhage, cholera, and other wasting diseases.

The explanation of the theory of the formation of a heart clot is very simple, particularly where it occurs as the result of hemorrhage. For the want of a sufficient supply of the vital fluid, the brain temporarily ceases to innervate the heart, its contractions are suspended, blood accumulates in its cavities, and before the organ is restored to its normal action a coagulum has formed which, be it large or small, is always a source of infinite embarrassment to the functions of the heart, and the circulation of the blood. How long an individual may live with a considerable sized clot in his heart, it is difficult to prognosticate. If the patient's constitutional powers are good, the clot adherent to the walls of the cavity, and very small, his life may be continued for some time, but on the contrary, when the clot is free and large, it may, by the force of the circulation, be driven into the pulmonary artery in such a manner, that not a drop of blood can pass, when death will immediately ensue.

But I commenced this fragment with the intention of making a few remarks on the diagnosis of heart clot. This I will do by relating a

case which occurred in our practice not long since. One very cold and stormy night, I was called about six miles from my residence, to see a woman aged thirty-five. She had been married fifteen years, and was the mother of seven children. She had usually enjoyed good health, and never had any difficulty in her confinements. Two days previous to my visit she had a miscarriage at about the third month, had wasted most profusely, and had fainted several times. The last time that she fainted her friends thought, for several moments, that she was dead. By degrees, however, she revived, and in the course of three hours reaction appeared to be pretty fully established. From that time until about three hours previous to my visit she was comfortable. She then commenced to complain of pain just under the sternum, said she could not breath, and felt as if her heart would burst.

When I arrived I found her with a small jerking and intermitting pulse; skin cold and clammy, breathing short and hurried; heart pulsating most violently, its impulse extending over nearly the whole chest. Auscultation elicited but little owing to the violence of the heart's action. The only sound that could be clearly made out was the bellows. The dyspnoea was now very extreme, and the patient's countenance expressive of the most intense suffering; her lips were quite purple, her eyes widely protruding from their sockets, and her nostrils expanded as if to catch every breath of air. The posture of the patient was peculiar. She was lying with her breast upon the nave of the bedstead, her abdomen and lower extremities in the bed, and her head and arms upon the seat of a chair, which was several inches lower than the nave of the bedstead. This was the only posture in which she could find the slightest ease, every attempt to change it produced symptoms of immediate asphyxia. In making out a diagnosis of this case, nearly all the symptoms pointed out the existence of some serious difficulty in the great central organ of the circulation. The history of the case precluded the idea of its long standing. It could not date back further than the miscarriage, for previous to this she had never been troubled with the slightest symptoms of heart disease. They commenced to appear only a few hours after the last paroxysm of syncope. In most instances of organic disease of the heart, it is usually a long time before the symptoms culminate in such a sudden climax as that just described. It is true a patient may have slight dyspnoea, pain occasionally in the region of the heart, and moderate paroxysms of palpitation of the heart, and not suffer any special inconvenience from them, yet the organ may some day give out and the individual suddenly fall down dead.

But here is a case where all the more fatal symptoms of heart disease were developed in a very few hours. What has produced this sudden transition from a state of comparative ease to one of extreme suffering and impending dissolution. Nothing, we conjecture, but a heart clot which unquestionably formed during her state of extreme syncope. And it must be of considerable magnitude, for it has so obstructed the passage of the blood through the organ, that but a small portion of it can reach the lungs for aërication. The clot is in the right side of the heart, for auscultation shows no obstruction in the pulmonary cells, the air rushing in and out with the most perfect freedom. The prognosis, as a matter of course, was unfavorable. The patient lived five days; and it was wonderful to witness with what tenacity she clung to life. She appeared to live almost entirely by her nervous forces. As for blood she had but little, and what little she did have was so obstructed in its circulation, that only a small portion reached its wonted destination. The great vital organs could not be nourished, and the whole fabric must succumb to the intruder.

It is a fearful thing to see a strong man contending with the powers of dissolution, and we naturally shrink from the scene. But when a delicate woman is passing through the same ordeal, it arouses our tenderest sympathies, and excites us to put forth every effort to mitigate the pangs of dissolving nature. Various therapeutical agents were prescribed with a view of mitigating her sufferings, but none of them appeared to be of any material use excepting the valerianate of zinc, four grains of which were given in the form of a pill every two hours. Our patient, however, continued to suffer most intensely with dyspnoea until the very last. Every attempt to change her posture from that described was attended with the most threatening symptoms of immediate suffocation. She died in that posture with her head resting upon the chair.

There are several symptoms in this case quite characteristic of heart clot, and are worthy of special attention:

1. The want of accordance between the pulse and the heart in point of force; the first being very small, jerking and intermittent, while the latter was violent and persistent.

2. The peculiarity of the respiration, and the very distressing character of the dyspnoea. The most extreme case of pulmonary obstruction that I ever met with could not rival it in intensity.

3. The posture of the patient. Most individuals suffering under a recently formed heart clot will seek the posture of my patient. They will almost instinctively turn upon their breast, and strive to get their head lower than the body. A very good

indication that the heart is the chief organ that suffers.

Twenty-four hours after death a post-mortem confirmed the correctness of the diagnosis. The right ventricle contained a large clot that nearly occupied its entire space. Its general appearance gave evidence of recent formation. The chief bulk of the clot was coagulated blood. This was invested with a thin layer of fibrin of a light straw color, which on close inspection proved to be nothing but the superficial part of the clot deprived of the red corpuscles. If life had been prolonged for several days more, I have no doubt but the clot would have been so changed as to present nothing but the fibrinous constituents of the blood. The heart presented no structural lesions. There was no congestion of the lungs, or bronchial tubes. The liver was very much congested and the great hepatic vessels leading into the ascending vena cava, and the cava itself were perfectly engorged with blood. The superior cava as well as the right auricle of the heart was also engorged with blood. There could, therefore, be no doubt as to the cause of her death. The clot had so plugged up the ventricle that the blood could not reach the lungs in sufficient quantity to sustain the wants of the system, and the flame of life was literally extinguished for the want of blood.

Cases like this are pregnant with instruction. They teach us to be on our guard and do all in our power to avert syncope in individuals suffering under wasting disease, particularly in sudden and profuse hæmorrhages. Persons may and frequently do die from excessive hæmorrhage, but I believe more die from its sequels, and heart clot may be ranked as one among the chief. It is bad practice either in labor or miscarriage, to allow a woman to waste until her failing pulse, hurried breathing, and blanched countenance tell you in unmistakable language, that she is on the eve of fainting. Every exertion should be made to staunch the bleeding. In all cases of profuse hæmorrhage from miscarriage, previous to the fourth month of gestation, I have unbounded confidence in the use of the tampon as a means of arresting it. Opium, ergot, and acetate of lead, and cold water are good auxiliary means, but he who depends upon them entirely is leaning upon a broken reed.

[To be continued.]

Rendering Castor Oil Tasteless.

It is stated by STAN. MARTIN that this may be done by beating it well up with the contents of an egg, and adding a little salt or sugar, with a few drops of orange flower water.—*American Journal Pharmacy.*

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

Transactions of the Medical Society of New Jersey.

The Ninety-eighth Annual Meeting of this well known organization was held in Odd Fellows' Hall, Camden, January 26, 1864. The President, Dr. VARICK, of Jersey City, occupied the chair and delivered the address to the Society on "The Attributes of Mind, their Operation and Effects." As will be at once seen from the nature of the subject, that extracts from it will convey little of the excellence which pervades the essay when considered as a whole. Hence, we can only refer the reader to the proceedings where it is reported in full, or to Dr. VARICK himself, who has issued it in pamphlet form.

The annual essay was read by Dr. THOS. F. CULLEN, entitled "Observations on the influence of the present War upon American Medicine and Surgery." He begins by showing the gradual advances made by science in constructing instruments of destruction, and the assistance likewise rendered in perfecting the materia chirurgica, that it might likewise advance with equal pace in the wake of armies. He does not assert "that all or a majority of the modern improvements in surgical apparatus have been perfected in time of war, or even by military surgeons; but war has been the great stimulant to such improvement, and from the extemporized appliances resorted to in the field, in the absence of the numerous and refined resources of civil practice, have sprung, and will continue to spring, most of those suggestions which, matured and digested in quieter times, or by the peaceful practitioner at a distance from the fray, give rise to more permanent contrivances, and powerfully assist the advancement of the art."

After referring to the dictatorial action of the medical department, however contrary it may be considered to the prompting of professional conscience, he suggests that it may not be improper for the Society to deny the assumed pretensions of this offspring of medico-military career. The question certainly is one worthy of consideration to the profession at large. After alluding to the case defined in this journal by Dr. SWINBURNE, where an officer described as brave, generous and noble was compelled, contrary to his own wishes and those of his friends, to submit to an amputation, which would disable him for life. Although a soldier tends his life and time to the service of his country, Dr. CULLEN asks: "But does this command extend to the sacrifice of that life or limb when the very sacrifice itself deprives her of that service? Does there exist a right of mutilation in opposition to the will of the sufferer, when that mutilation incapacitates the victim for the very service he has sworn, and too frequently casts him forth a burden upon society, in a condition to which death is preferable? It may be "in the bond," but if so, it is time that public opinion should modify the law on which the validity of that bond depends. And what more proper body to consider what changes in the law are requisite to prevent, hereafter, the medical profession from becoming *particeps criminis* in such Shylock appliances of the rules intended to promote the public welfare?"

The report of the Scientific Committee occupies pages 44-60, upon Hospital Gangrene by Dr. ABRAHAM COLES, of Newark. It is a valuable contribution to the literature

upon the subject, and we do much regret that our limits compel us to do no more than barely refer to it.

Report of the Standing Committee.—After appropriate notices of the reports submitted by the Standing Committee, in reference to the decease of their associates since the last meeting; the Committee acknowledges the receipt of reports from most of the District Societies, although some of the counties have failed to report.

"The diseases more particularly noticed are Fevers, Intermittent, Remittent, and Typhoid; Diphtheria, Scarletina, Dysentery, Measles, and Whooping Cough. Two years since, in response to special inquiries made by the Standing Committee in regard to the prevalence of malarial diseases, the fact was supposed to be established that, throughout the State, there was an almost total immunity from these affections. They were led to congratulate one another, that through cultivation of the soil, more thorough drainage, and more intelligent sanitary regulations, the State was well-nigh rid of the curse of miasm. But congratulations are very short-lived in the light of the reports of the present year. The information comes from every district, that malarious disease has everywhere had its share of the attention of the physician. In *Hudson County* fevers of a Remittent and Typhoid type have been and still are prevalent, and the attacks severe, though with but few fatal cases. At *Bergen Point* the Fever presented evidences of contagion. In one family of six persons, all were attacked, one after the other. Intermittent Fevers have been interspersed with the above. At *South-Bergen* the reporter states that "diseases of malarious origin have been the prevailing type. Intermittent Fever, which, a few years ago, was seldom seen in this immediate district, has prevailed to a very great extent, while Remittent Fever, with Typhoid tendencies, has often been met with. A marked effect upon the severity of the Typhoid disease was produced by locality. Those in low damp places, or where intermittents had prevailed, were always the most violent."

In *Passaic and Essex Counties*, Typhoid Fever of an enteric form prevailed as an epidemic, and assumed all grades, from the mildest up to the most severe forms with epistaxis, hemorrhages from the bowels, etc., etc. Deafness to a greater or less extent was noticed. Remittent and Intermittents were very prevalent during the summer. The type was usually quotidian, and asthenic, with congestion of important organs, causing in some instances a fatal issue. "The reporter remarks that "diseases of all kinds acknowledge the presence of the epidemic by paroxysmal manifestation, and quinia became the *sine qua non* in nearly all cases of sickness." Dr. OTH'L H. TAYLOR, of Camden, has favored the Committee with a paper upon the epidemic in Camden, with an interesting detail of the meteoric influences connected with it, which is commended to the attention of the Society."

"The Committee has been thus particular in noticing the existence of malarious disease in the different parts of the State, because of its record two years since upon the same subject. The conclusion then forced upon us of our inadequate notions of the hidden cause and nature of malaria receives additional weight from the record of the present year. It should be remarked that in *East-Jersey*, the spring of the year, from the middle of April to the fifteenth of June, was very dry, and that from June fifteenth to the autumn the rains were very frequent and very copious. In *Essex County* the farmers failed very generally to harvest their hay and grain in good condition in consequence of the frequent showers. In *West-Jersey*, Dr. TAYLOR states in his paper before alluded to, that "the spring and summer of 1863 will render that year memorable as the damp wet year." In April, May, June, and the greater part of July, rain, to some extent, fell almost daily, and

the visits of sunshine were few and far between. In *Burlington County*, Dr. COLEMAN remarks, that the spring months were exceedingly humid. We have here opposite hygrometric conditions of the atmosphere in, say *Essex and Camden counties*, and yet an identity in the prevailing type of disease. We record the facts. We admit our incompetency to explain them."

Diphtheria, which for the last four years filled so large a place in medical reports, has not been so prevalent as heretofore, and in certain localities only has proved epidemic. When fatal, death ensued from exhaustion or croupal complication. The reporter from *Monmouth County* remarks: "the form of the disease, commencing with croupy symptoms or laryngeal formations, with the upper part of the throat clear, are almost always fatal."

The treatment of this disease is more fully discussed in the reports, and we are disposed to think with Dr. JOHNSON, of *Warren County*, that "familiarity with the disease has checked the medical mind in that vain search after certain specifics. We have to follow the indications of each particular case, and soothe, disinfect, or sustain, as symptoms seem to require, and not to expect a violent inflammation, with tough, leathery exudation, to disappear as if by magic, after the administration of a great remedy warranted to cure in every case." This statement is an epitome of the principles on which the treatment of the disease is conducted throughout the State. Dr. MARCY has used ice and ice-water in this affection but with no beneficial results.

Scarlatina, has been rather limited in its prevalence than otherwise. Some cases were complicated with Rheumatism, commencing after the rash and while it still covered the body. Dr. J. PITNEY, of *Atlantic County*, is inclined to think that epidemics of *Scarlatina* prevail with great malignancy upon clayey and stony, rather than light sandy soils.

Dysentery prevailed in *Warren and Sussex Counties* with great malignancy. It spread from house to house, proving fatal to all ages. Some considered it contagious. In other portions of the State it occurred as usual there in August and September. In some instances it assumed a periodical form and readily yielded to Quinine. In the north-west part of the county, and adjoining the infected district in *Warren*, it was very general, and seemed to spread by contagion, whole families being taken with it almost simultaneously. It was here very severe and obstinate.

A number of interesting cases are detailed which our limited space will scarcely permit us to refer to. Dr. PAYNE, of *Hudson County*, relates a case of midwifery, where there was a complete loss of vision, some dyspnea with partial delirium. All was progressing favorably, and in a few hours the labor was completed. Tinct. *Cannabis Indica* was administered after which she was relieved, with the exception of the loss of vision which did not disappear until the fourth day. Dr. PIERSON, Jr., of *Orange*, reports a case of Hydrophobia and another of Tetanus. The difficulty of deglutition and the diaphragmatic and other spasm in both cases impress us with the conviction that a very careful study of the morbid phenomena may sometimes be necessary to secure a correct diagnosis, especially in cases of Tetanus occurring after the bite of a suspected rabid animal. Those who witnessed the progress of the above cases were led to admit the probability that the cases of Hydrophobia reported as cured were really cases of Tetanus mistaken for rabies. The case of traumatic Tetanus was the consequence of a slight operation which reminds the Committee that unfavorable results have, during the year, frequently followed operations of trivial importance. Dr. ALLEN reports also a case of Tetanus fatal on the fourth day.

Dr. DAYTON, of Monmouth, details a case of Erysipelas terminating in gangrene, which resulted in a total loss of the scrotum and three quarters of the integuments of the penis. In the space of three months, the testicles were re-enveloped in integument and the penis had assumed very much its former dimensions and appearance. The new scrotum is not merely common skin, a common exterior, but veritable scrotum, corrugated, elastic, and distensible, not as much as the original one, but becoming more and more so.

Dr. BATEMAN, of Cumberland, reports a case of abdominal presentation, occurring under the observation of one of the physicians of the county, in a patient whom he had attended in previous labors. She had been in labor for some forty-eight hours when he first saw her. Upon examination, he found the abdomen presenting and one hand. He made several persistent attempts to bring down the feet, but was unable to reach them without too great violence. He thought he could do no better than wait and trust to nature for a while at least. The labor progressed, until the abdomen protruded from the vulva, when he brought down the lower extremities, and soon liberated a child of full term. The mother recovered without a bad symptom. Her previous labors had always been tedious and severe.

Dr. DAYTON reports a presentation exactly opposite to that last detailed. The fetus was doubled or bent on itself, by the pelvis being turned over and pressed against the abdomen, the curvature being in the lumbar vertebrae; so that, instead of the breech, the lumbar region of the back was the presenting part. The child weighed about nine pounds and was still-born.

A very unique and able paper on Vital Statistics has been furnished the Committee by Dr. JNO. R. STEVENSON, Enrolling Surgeon of the First Congressional District, which will repay an attentive perusal. A similar report from each of the District Surgeons of the enrolling boards would prove an invaluable contribution to physiological science. We very much regret that other reports of a similar character have not been presented to the profession. We hope, however, to have at the next meeting a paper from each of the other districts.

A few years since, committees were appointed by this Society, whose duty it was to promote the organization of district societies in those parts of the State where none now exist, and to revive those which may have fallen into decay. The committee has reasons for congratulation that the co-operation has been so generally manifest, although there are yet many important sections of the State still unrepresented. It suggests that in view of the approaching centennial meeting, it becomes eminently desirable that any societies which have failed to maintain their organization and to send up delegates to this, should be stimulated to again assume their privileges, and take their place beside their sister societies in promoting their own welfare as well as the honor of the profession of the State.

A Treatise on Human Physiology; Designed for the use of Students and Practitioners of Medicine: By JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York; member of the New York Academy of Medicine; of the New York Pathological Society, etc., etc. *Third Edition*; revised and enlarged with two hundred and seventy-three illustrations. Blanchard & Lea, Philadelphia, 1864.

In presenting the third edition of the above valuable work to the American profession, the author has endeavored to incorporate into the text such

additions and improvements as more recent facts and demonstrations have rendered necessary since the appearance of the preceding edition. This has been done without altering the general plan and arrangement and what is still more commendable, without increasing the size of the work.

In relation to the method of obtaining the secretion from the parotid gland we observe that instead of resorting to a salivary fistula as is usually done in obtaining this fluid, it is procured in a state of purity under healthy conditions by introducing a silver canula directly into the orifice of Steno's duct. Thus obtained the secretion has been subjected to a quantitative analysis by Mr. Maurice Perkins who found with the author, a decidedly larger percentage of solid matters then obtained by Frerichs and Jacobowitsch. He also found that fresh parotid saliva when treated with perchloride of iron showed no evidences of sulpho-cyanogen, and it was only to be detected after the organic matter had been precipitated by alcohol and the filtered fluid examined. In this respect he concludes that the organic matter bears some resemblance to albumen, without, however being identical with that substance.

In the chapter upon the biliary secretion, the immediate and remote effects of permanent biliary fistula are discussed, and we are pleased to see embodied also the valuable observations of Prof. AUSTIN FLINT, Jr., on Stercorine, Cholesterine and their supposed ultimate products. The interest of the section devoted to development is considerably enhanced by the addition of new matter more or less useful towards elucidation of this important problem. He refers to the case observed by Prof. JEFFRIES WYMAN where the intermaxillary bones were not united with each other, but entirely separate, corresponding in this respect with the intermaxillary bones of the inferior orders of animals.

As in the previous editions of this work, Prof. DALTON has in our opinion done well by abstaining from the lengthened discussion of theoretical points and the enumeration of all experiments unless strictly necessary for demonstration of the point at issue; endeavoring to make the work a text-book for students by presenting in a concise form the great facts in physiological science and rejecting those topics considered only hypothetical and which could be inserted only by impairing the proposed plan of the work without being calculated to increase its usefulness.

The illustrations are peculiarly adapted for the purpose they are designed to fulfil and will assist the student much in comprehending the more intricate parts of the subject. Three new illustrations are introduced and one (fig. 183) substituted for a previous one, giving in the present edition two hundred and seventy-three cuts.

As the work has been previously reviewed at length in this journal we will conclude our remarks with the hope that the above alterations and additions will be considered as improvements, and enable the volume in its present form to accomplish more fully the object for which it was designed.

We cannot dismiss the work without commending the admirable style in which the work is gotten up by the publishers and we are pleased to note that more recently this firm has displayed the same taste in the products of their press as is done by the publishers in other departments of literature. We congratulate both them and the profession. The one will be enabled to sell the same number of copies at a rate to cover the extra outlay; while the other will obtain a work as pleasing to the eye and taste as its contents are grateful to the understanding.

Periscope.

Decortication of Cereals.

By this process is understood the removal of the exterior envelope of grain, leaving only the central portion or kernel. In other words we do the same to the grain as we do to a fine fruit before eating, namely, peel it, in order that the bitterness of a skin which was placed there as a protection may not impair the flavor of the interior.

If we proceed to analyze the structure of a grain we find: 1st, a resinous pellicle, permitting a certain amount of transudation, so that it readily becomes discolored and charged sufficient with foreign matters to impart peculiar flavors to the kernel. 2d, a thinner covering nourishing the grain. 3d, an envelope of impalpable dust which acts as a sponge, absorbing the damp and preventing putrefaction of the starchy contents. These "testa" we separate as brans. They adhere firmly to the kernel, surrounding it like a culras and it is the object of the process of decortication to remove this envelope without injuring the grain itself.

The advantages then to be obtained are 10 per cent. increase in quantity of flour, (at least upon wheat), and from 12 to 15 per cent. in barley and oats, and at the same time a finer color and a better taste. The grinding of decorticated grain is done in a different manner from undecorticated grain. It has been shown that the finest flour for taste and nourishment adheres to the skin, the grain must be pulverized to detach this flour from its envelope. Then grind as fine as possible, so as not to heat the flour, dress through a dressing machine, of which the coarsest silk will not let through more than the third or fourth degree of fineness—thus we obtain 80 per cent. of the weight of corn; then you will either regrind or redress the remainder, so as to have 90 parts of flour from 100 parts of the corn decorticated. The 90 parts of flour will make a delicious and nourishing bread.

The gluten and phosphatic principles which are found chiefly towards the exterior of the grain are usually wasted in the ordinary process of grinding, because the stones are set so far apart to prevent discoloration of the flour, that these constituents adhere to the branny particles and escape with it. The French chemists who have analysed the flour from decorticated grain find from 5 and 6 per cent. more gluten than in flour prepared in the ordinary manner. Hence as to the decortication in a hygienic point of view, the flour of decorticated corn at 90 per cent. is more nutritious than ordinarily ground corn at 78 or 80.

As in the ordinary millering, the greater part of this excellent flour is left in the bran, so flour from undecorticated corn extracting 70 to 80 per cent. of the weight of corn, is inferior in nourishment and in flavor to the flour of decorticated corn extracting 90 per cent. of the natural weight of the corn.

As regards the several qualities of bread, the decortication does not affect the different qualities that exist in the flour; the compartments of the dressing machine divide it, and one can always have bread more or less white according as the first, second, or third flours are more or less mixed. The quality of the first will be incomparable, but what is gained in whiteness is lost in taste and nourishment. Thus we say, the first flour will only be used for pastry and very fine bread—it will be excluded from the table where bread is the principal food—and will be only used at the table of the luxurious.

It is better to make a quality with all flours united, making a wholesome and well-flavored bread; and

experience has proved that young people, more especially, fed with this bread will have a strong and vigorous constitution, instead of the lymphatic blood produced by the white and tasteless bread in common use.

After many years toll, M. POISSANT has decided a process by which this decortication can be performed in a satisfactory manner. The machine consists of two sets of revolving blades which throw the grain in contact, so that attrition and expansion of the seed loosen the epidermis, which is driven off at stated intervals by an arrangement of fans. It is a matter of singular importance to know that cereals thus decorticated are not likely to be attacked by that destructive insect the weevil, that is, if the corn is carefully excluded from sunshine. Thus to preserve decorticated corn, after it is properly dried it should be put in barrels, or stored in close or air-tight granaries, where it will be found to keep for an indefinite period.

The above is based on the personal observation, Mr. C. DAVIDSON and in part upon written communications from M. POISSANT, whose whole life has been devoted to the subject.—*Am. Druggists' Circular.*

Tumors.

In Gay's Hospital Reports, Mr. S. BRYANT lays down the following general rules to assist a differential diagnosis in reference to these growths. "The more simple and innocent a tumor, the more nearly it approaches in structure the highly organized portions of the body; the more malignant a tumor, the more it approaches the most elementary or embryonic. In proportion, therefore, to the amount of the cell element in a tumor, may its cancerous tendency be determined; and the greater the proportion of the fibrous or well developed structure, the greater the probability of its nature being innocent or simple. Simple tumors will never do more than separate the parts between and beneath which they are developed; cancerous tumors, as a rule, infiltrate the parts, but never separate them. The skin may be stretched and attenuated by a simple tumor, so as to ulcerate or burst; but it will never be infiltrated with the tumor's elements. The skin covering a cancerous tumor becomes rapidly involved, it seems drawn down to it, and as if glued to its surface; and when ulceration has commenced, the edges are palpably indurated, thickened, and infiltrated with cancerous products. Cancerous tumors have a marvelous tendency to multiplication, and never exist for any period without implicating the lymphatics of the part with which they are connected. In a case of tumor the nature of which is doubtful from both its local and general conditions, the presence or absence of an indurated absorbent gland (not an inflamed one) will tend more than anything else to solve the problem. The recurring fibroid tumor is a connecting link between innocent and malignant growths. They have a constant tendency to return, after removal, either in the same place or in the neighboring parts. There is nothing distinctive in their external character by which they can be known. Microscopically they possess more of the cell element than the innocent form, and the more rapid the development of a tumor the more cellular its structure."

On Phenic or Carbolic Acid.

As the subject treated of in these papers, which were republished in the *Chemical News*, is of considerable practical importance, we shall present our readers with a short abstract of them. We copy from the *Boston Med. and Surg. Journal*.

Phenic acid ($C_{12}H_9O_2$) was discovered in 1834 by Runge, who has given it the name of carbolic acid. Laurent, who studied this body, and described many of

its combinations, designates it under the name of phenic and hydrate of phenyle, because he objects to place it among the acids. Gerhardt gave it the name of phenol. It has also received the names of phenic alcohol, of spyrol, and of salicene.

It has been formed synthetically by M. Berthelot, by passing alcoholic or acetic acid vapors through a porcelain tube heated to redness. The acid is also obtained in the dry distillation of benzoic, quinic acid, the resin of xanthorrea, hastillia, castoreum, and chromate of pelosine Stædeler has found that the urine of man, the horse and cow contain it in quantities easily perceivable. It exists also in commercial creasote; but it is from the oil from gas tar, that is obtained.

Preparation.—The oil from coal tar is submitted to fractional distillation. The part which passes over between 160° and 199° is treated with a solution of hot saturated caustic potash and some powdered potash. A mass of crystals is thus obtained, which may be separated by decantation of the fluid.

"When this mass is dissolved in water the solution separates into two layers, one light and oily, the other heavy and watery. The latter is separated and treated with hydrochloric acid, which sets free the carboic acid. To obtain it pure, it must be digested with fused chloride of calcium and re-distilled once or twice. After several rectifications, and by cooling slowly, it can be obtained in a solid colorless crystalline mass.

The pure acid acts energetically on the skin. A weak aqueous solution coagulates albumen and the blood, and acts as a strong antiseptic. Putrid meat and fish, fecal matters and fermented urine instantly lose their disgusting odor, when immersed in or treated with the solution.

Chemically, phenic acid is a weak acid. It combines with metallic oxides, but the salts have little stability; carbonic acid decomposes them. Those with an alkaline base have always an alkaline reaction.

In consequence of the supposed little solubility of carboic acid in water, it has hitherto been chiefly employed mixed with powders, as in the case of Smith and McDougall's disinfecting powder; but the pure acid is sufficiently soluble in water for the solution to possess the power of coagulating albumen, of arresting or preventing spontaneous fermentation, and consequently of destroying infection. The saturated solution acts also on plants and the lower animals as a violent poison, though containing but five per cent. of the acid.

From experiments made on the action of phenic acid on plants and animals, it appears that a very weak solution will instantly destroy the lowest forms of animal and vegetable life. The juices of vegetables are prevented from becoming mouldy by the addition of the smallest quantity of the acid. Herbs and shrubs watered by a stronger solution rapidly die.

The microscopic beings concerned in the production of putrefactive fermentation are as quickly destroyed, and by a solution containing one half per cent., or by exposure to air containing but a small proportion of the acid. An injection of water containing one half per cent. of the acid brought away from a child a large quantity of *ascarides lumbricoides*, all dead. A stronger solution kills the eggs of ants and earwigs, and larvae of butterflies, caterpillars, &c.

The author has studied the action of the acid on the mammalia with mice, guinea-pigs, dogs and horses, as well as men.

Action on the Human Skin.—Immediately after the application of a thin coating of the pure acid, a sharp smarting is felt, which lasts about an hour, with the formation of a white coloration from the action of the acid on albumen; it disappears by degrees, and is replaced by some congestion, which lasts about twenty days. This congestion presents all the characters of an intense inflammation, being attended with redness, heat, and swelling. The epidermis becomes detached by degrees, and when the exfoliation is complete a brown spot remains, which testifies for a long time to the energetic action of the acid. After a number of ex-

periments on his own arms, and the arms of his friends, M. Lemaire assures us that the smarting never lasts longer than an hour. The redness of the skin endures about twenty days, but the inflammation never extends beyond the part to which the acid has been applied.

Action on the Mucous Membrane.—The action of the pure acid on the mucous membrane is, of course, analogous to its action on the skin; acute smarting, shrivelling up of the epithelium, and a milky coloration being observed. The smarting does not last so long as on the skin, especially on such membranes as produce an abundant secretion; and the epithelium quickly returns to its normal condition.

Action on the Respiratory Organs.—From experiments on mice and horses, the author concludes that the higher animals may breathe the diluted vapor of the acid for a long time without discomfort or danger.

Mode of Action.—The general fact resulting from the author's experiments is that phenic acid acts on plants and lower animals as a violent poison.

When the action of the acid on a semi-transparent leaf is examined, it is easy to prove that it coagulates albumen, and that the parenchyma and epiderm are contracted. This explains how it is that microphytes and microzoons die so quickly in its presence. All animals with a naked skin, and those which live in the water, die sooner than those which live in the air and have a solid envelope. The difference appears to result from the power of absorption, which is much greater in the former than the latter.

When frogs are placed in a saturated solution (5 per cent.) of the acid the skin shrivels and becomes milky from the coagulation of the albumen. The branches of fishes also become white. This coagulation of albumen led the author to suppose that the death of the animals resulted from the coagulation of their blood. To verify this supposition, he examined, under the microscope, the action of the acid on the branches of the larvae of salamanders, in which the circulation of the blood is easily seen. He then observed that, although the solution arrested the circulation instantaneously, it altered neither the form nor appearance of the blood globules. All the change consisted in their immobility. When the blood is coagulated by mineral acids the form of the globules is changed. With carboic acid nothing of the kind takes place. Besides this, a post-mortem examination of a dog and a horse proved that the blood was not coagulated. Phenic acid, then, does not kill by producing coagulation of the blood! Its action on the blood globules, however, leads M. Lemaire to think that these globules are living beings.

Insects exposed to a weak dose of the acid become asphyxiated, but they soon recover in pure air.

When a gramme or two dissolved in water are administered to a dog, the animal falls as if struck with lightning, but soon recovers again. The sudden fall the author ascribes to violent pain, and the rapidity with which it is absorbed and carried to the nervous centres. It is on the nervous system, then, that phenic acid principally acts.

Collodion with Glycerine in Erysipelas.

A writer in the *Lancet* says: that the substitution of a glycerinated collodion for the common collodion will completely prevent cracking of the skin and other unpleasant consequences which often occur when the latter is used in erysipelas of the face.

The manner in which it should be prepared, according to Dr. WABBOTTS SMITH's recent small work, is by adding two parts of glycerine to one hundred parts of common collodion. The addition of this small proportion of glycerine is sufficient to impart considerable suppleness to the collodion, and to prevent its dragging upon and cracking the delicate tissues to which it is applied.

Equal parts of collodion and castor oil are recommended by another writer.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 28, 1864.

HYGIENIC RESORTS.

The season of the year has arrived when it is customary, especially for the dwellers in our cities, to seek a release from the confinement they have endured for many months amid the vitiated air and foul exhalations now daily becoming more unendurable, inseparable from a city life. Heaven's pure light and fresh air are sought at the seaside, the springs, on the mountain, or at the farm-house, where the ocean or summer breezes can have free play to fan the fevered brow and cool the "heated blood."

Many an invalid who has languished through months of weariness and exhaustion, longing through the day for night to come, and watching and waiting all night for the morning light to dawn, will be recommended by her medical adviser to go to some place of resort out of the city. It becomes, therefore, the duty of medical men to take into earnest consideration the adaptedness of different localities to any given case. Some invalids might be benefitted by the purer mountain air, who would be injuriously affected by the medicated vapors of the seaside. The quiet and retirement of the farm-house with its freedom from restraint and plain, hearty, nutritious diet, may be just the restorative needed by some exhausted frames or minds diseased, while the tonic and alterative effects of some of our numerous mineral springs may be more suitable to other cases. And, again, there may be a judicious combination of some of these several means of recreation and restoration.

But this field is wider still, and but poorly cultivated, we must admit, by our profession. Climatic influences may be brought to bear with much more judgment and better effect than has generally been done hitherto for the restoration of health. A recommendation of a sea voyage or change of climate is too often inconsiderately given to one who will only leave the comforts of home and the sympathy and care of friends to die at sea or on a foreign shore, among strangers and surrounded by the discomforts and annoyances of a traveller's life.

A *seasonable* resort to a change of climate may often be of very great advantage to an invalid, and the practitioner should give this subject of climatic influences on health and disease a thorough investigation, in order that he may be able to give intelligent advice. It is a question of interest and importance as the facilities for travel increase what benefit in certain cases might be obtained by a residence in or near the Arctic regions, as for instance, Labrador, or Greenland—whether, in phthisical cases such a resort would not be more beneficial than the customary resort to tropical regions, where the air is usually humid and the excessive heat promotes debility and exhaustion. What are the relative advantages of a sea voyage and of travel by land, of a residence at the seaside or on the mountains, at the mineral or hot springs or at a farm-house, in the West Indies, one of our Southern States, the Northwest, the Pacific coast, Europe or elsewhere?

Cape May, Atlantic City, Long Branch, Newport, Nahant, Saratoga, Catskill, the Alleghenies, and many other places are readily accessible, and offer their attractions to invalids for the summer season now approaching.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Medical Society of the State of Pennsylvania meets in this city on the 15th of June at 11 o'clock, A. M., at the hall of the College of Physicians. It is to be hoped that the attendance will be large, and the communications of a literary character worthy of the profession of the State. We understand that arrangements have been made with the Pennsylvania Central and other railways to return delegates free of charge.

It affords us pleasure to state some progress has been made during the year in medical organization, and it is expected that some counties will be represented that have not heretofore had societies.

The profession of this city will undoubtedly make provision for a hearty welcome to their brethren from other parts of the State. We shall look for a large representation and a profitable meeting.

Notes and Comments.

Yellow Fever.

Major R. B. HUNT, in *Silliman's Journal*, makes the following curious observation in reference to the late epidemic of yellow fever at Key West:

"On two separate occasions, when there were cases of yellow fever in the United States Marine Hospital, which building I passed daily and saw almost habitually, I have seen a flock of buzzards, circling over and near the roof of the hospital by the hour together, and continuing this day after day. I have never seen them do this except when there were yellow fever cases in progress under the roof. So marked is this fact as to have produced a common belief in town, that they only hover over the hospital when the yellow fever is there. I am quite persuaded such is the fact, and can only interpret what I have myself seen as indicating that an odor is then thrown out on the air which the keen scent of the scavenger bird detects from afar. The material particles, whose diffusion is thus testified to, seem likely to afford the means of transporting the disease on the air, in a manner quite agreeing with the facts of its propagation. The hint, thus afforded by the keen-scented buzzards, may have value in assisting to comprehend the mode of conveying and diffusing this fatal malady, and the particles scented may indeed be the actual *fomites* so much talked of and so little understood, in discussing the controverted questions of contagion and communication.

Medical Diagnosis.

We have received from the publishers, J. B. LIPPINCOTT & Co., an elaborate work on Medical Diagnosis by our distinguished townsman, one of the best diagnosticians in the country, Dr. DA COSTA. It appears from a cursory examination to be the most elaborate work of the kind in the English language, far superior to the work of BARCLAY on the same subject.

The remarkable sale the last named work has had in consequence of our having called the attention of the profession to it is, we trust, a harbinger of the eminent success of the more elaborate, complete, and tastefully got up production of one of our own writers. We do not here speak of the literary merits of the work; that will be done hereafter.

Books Received.

We have received the following books which will receive further notice.

From *Blanchard & Lea, Phila.*

HODGE on Obstetrics.

BUNSTED on Venereal.

From *J. B. Lippincott & Co., Phila.*

DA COSTA on Medical Diagnosis.

From *Lindsay & Blakiston, Phila.*

TANNER. A Manual of the Practice of Medicine.

FULLER on Rheumatism.

BYFORD on Chronic Diseases and Displacements

of the Uterus.

From *William Wood & Co., New York.*

THUR. A Hand Book of Uterine Therapeutics.

Correspondence.

FOREIGN.

LETTERS FROM DR. W. N. COTE.

PARIS, May 5th, 1864.

The Venom of Reptiles.

In a paper on the venom of reptiles, Dr. DESMARTIS, of Bordeaux, remarks that all kinds of venom do not act alike; that of Cleopatra's asp for instance, causing apoplexy; that of the horned viper, spasms; that of the dipsas, an inflammation of the throat with inextinguishable thirst; that of the viper, the jaundice; that of the lacten of Arabia, a general tumefaction, and those of other species, gragrene, lockjaw, etc. Dr. DESMARTIS then expresses an opinion to the effect that all these different actions, might, if properly administered, be of some service in the therapeutics. In India, birds stung by certain spiders will remain in a state of apparent death for several hours, and then return to life again; in America, the savages who are in possession of the terrible Woorall or Curare poison, into which they dip their arrows, know how to graduate the dose so as surely to benumb the victim if they do not choose to kill it. Why, therefore, Dr. DESMARTIS asks, might not medical men, by the judicious inoculation of the above venomous substances, obtain good effects from the peculiar action of each?

Alcoholic Stimulants in Asthma.

You will find in the *Lancet* a communication from Dr. HYDE SALTER, in which, while disapproving of the use of alcoholic drinks in asthmatic affections, he nevertheless quotes several cases, in which spirits were found to be the only means of affording relief. One of these cases was that of a Scotch lady who consulted him in 1862. Whenever she had a fit of asthma, none of the usual remedies, such as, nitrated cigarettes, stramonium, coffee, lobelia, or emetics produced the slightest relief; but the symptoms would promptly and infallibly disappear by the aid of whiskey, which the patient had been using for a long time past. Not that she had a slightest tendency to drunkenness, on the contrary it used to vex her exceedingly that she could find no other remedy for her sufferings. She had begun by very small quantities of whiskey, well diluted with hot water, but she had soon been obliged to take it in a nearly pure state, at doses of one ounce, repeated two or three times. Never had a fit resisted this treatment, provided it was carried far enough, and although a certain degree of intoxication was the consequence, it was quite natural that the patient should not easily renounce the use of this only means of avoiding the sufferings caused by the paroxysm of asthma. Dr. HYDE SALTER mentions two other cases in which spirits taken in large doses, and very hot, were the only means of affording relief.

Poisoning by Preserved Meats.

Important disclosures have been made at the last sitting of the Société Médicale of the Panthion. Dr. DORNBERG on that occasion mentioned two cases of poisoning caused by the ingestion of preserved meats contained in tin boxes which had remained open for two or three days. The bad effects produced were happily got over by administering tartar emetic, albuminous water, etc. Dr. DOMERG attributed them to the action of the oxygen of the air on the tin covered with organic matter, whereby salts of lead might have been formed.

Dr. BLONDEAU remarked that such cases were far more rare, and enumerated different ways of poisoning by meat and butter. The latter, for instance, was drugged with chromate of lead in order to give it an appearance of freshness, and there often was acetate of lead in absinthe and orgeat.

Dr. QUANTIN added that Roquefort cheese was imitated by making virus in common cheese with sulphate of copper.

Dr. GIRAULT stated that the boxes in which fish, meats, etc., are preserved are made of iron coated with an alloy of lead and tin; that the former metal alone was poisonous, but that its action was slow, and took at least a month to manifest itself. If disastrous consequences occurred within a shorter time, it must be owing to the bad preparation of the edible contents, as might be the case, for instance in cod-liver oil prepared with putrified cod-liver.

Dr. BLONDEAU admitted that the metallic substance of the boxes might be attacked by the edibles contained in them, but denied that cod-liver oil was ever obtained from putrified fish. White cod-liver oil was obtained by the first action of the screw-press; the next best quality, somewhat inferior in whiteness, proceeded from a second application of the screw, and lastly, to obtain the inferior and much darker quality, the livers were boiled and the residue thrown away.

Dr. DELESCHAMPS described some experiments showing that it generally required a month's time to convert lead into a poisonous compound, but Dr. SANDERS was of the opinion that the oxydation of lead proceeded much faster through the combined action of water and lead. Water kept in a leaden vessel for only a day was found to have contracted a sweet taste and had become dangerous for internal use.

Transformations of Man.

In a paper addressed to the Academy of Sciences, Dr. TRAMAUX again examines the transformation of man at the present time, and the conditions which lead to it. Hippocrates had remarked that the Egyptians belonged to a peculiar type of the human race, and this type has been acknowledged to exist to this day by modern naturalists, but, according to our author, the fact has been lost sight of that the numerous immigrations which have taken place would most certainly have modified that type, had it not been that the climate had constantly acted as a corrective, and given the new descendants from in-

termarriage the stamp of the national type. Again, the deformation of the features does not result from the same cause as the darkness of the skin, there being very black races with fine features, while others that are not so dark have deformed features. The action of the sun in producing a coloured skin our author fully admits, but, on the other hand, he strives to connect varieties of type among human races with the geological conditions of the regions they inhabit. He states that the regions which differs most from ours, belongs to the oldest formations and to the least favoured climates. The most perfect race belongs to the country which offers the greatest variety of geological formations, the more recent predominating and in a secondary degree also to the most favoured climate. On examining Nigritia, Dr. TREMAUX finds it all but exclusively composed of primitive strata containing gold mines. The circumstances recalled to his mind that Australia and California are also inhabited by a very inferior race of men, and there also the soil almost exclusively pertains to the primitive formations. Again, the geological map of Europe shows that the largest surface of primitive soil belongs to Lapland, which is also inhabited by an inferior race. The southern part of Scandinavia still comprises a good deal of gneiss and granite, but this region is in contact with others containing many lakes and a better climate, and accordingly the inhabitants are more favoured. Russia possesses many regions of an average age, but their vast surface prevents its inhabitants from profiting by the resources of their neighbors, and therefore they are not as favoured as they otherwise might be. The most favoured countries are those of the west and south of Europe, because their geological constitution is the best. Our author might also have included North America in the number of favoured countries.

Curious researches in regard to sickness.

An English paper publishes a curious calculation which has been lately made by Dr. FARR upon the census returns of England. It is reckoned that for every death in a year there are constantly two persons ill in the year; and so reckoning, the census returns of 1851 and 1861, and the mortality returns of the intervening years, give the following results: In all England and Wales, 47 persons constantly sick to one medical man, including in this last term not only physicians and general practitioners, but also such assistants and medical students as are above 20 years of age. In London the proportion is only 24 residents sick to one doctor; in the southeastern counties 37, south-western 45, south midland 49, west-midland 54, eastern 57, northern 58, north-midland 59, Yorkshire 64, Monmouthshire and Wales 75, and in the northwestern counties as many as 80. The calculation shows one medical man to every 1,071 persons in England and Wales, but the numbers differ as greatly in different parts of the Kingdom, that in London the medical men are one to every 514 persons, and in Wales only one to every 1,769. The profession does not seem to be increas-

ing in number; the number in England under 40 years of age was 11,105 in 1851, and only 9,910 in 1861. With regard to the fortune of this profession the calendar of wills and administration for 1858, which has been analysed, shows that 300 medical men died, leaving personal property in that year to pass to survivors, and therefore the number who left no personal property cannot have been considerable. Might not a calculation of this kind be also made in the United States?

W. N. COTE.

PARIS, May 12th, 1864.

Human Hybridity.

The opinions set forth by Dr. TREMAUX in his papers on anthropology lead me to refer to those on "Human Hybridity," presented by Mr. FARRAR at a late meeting of the Anthropological Society of London. He contended that the assumptions, that the fertility of hybrids is proof of the unity of species, and that the union of all varieties of the human race produces an offspring continuously fertile, are both highly disputable, if not erroneous. The assumption of fertility as a criterion of species, he considered to have exercised an unfavorable influence on science, and he adduced several instances to show that such a definition of species could not be relied upon. He adopted the opinion of Professor AGASSIZ, that the differences existing between races of men are of the same kind as the differences observed between the different families, genera, and species of monkeys or other animals. With regard to the second proposition he adopted the opinions of M. POUCHET, that no mixed race can exist of itself, and that, when two races come in contact, either one absorbs the other, or they continue unchanged side by side, with a third inferior and less numerous set of half-castes. Several instances were adduced in support of these opinions, among which was the fact that the Mamelukes could never propagate their race in Egypt, and the evidence of practical physicians that mulattoes have a special tendency to consumption and other diseases which causes them soon to die. From these considerations Mr. FARRAR arrived at the conclusions that the human race sprang from a diversity of original pairs; and he contended that all who refuse to accept the development theory of Mr. DARWIN must be driven to the same conclusion.

Thoracocentesis.

An interesting discussion on thoracocentesis has been for some time engaging the attention of the *Société Médicale des Hôpitaux* of this city. Perforating the thorax is a very important operation and it ought not to be advised but in real danger. As a general rule, it should be performed in every instance in which the attending symptoms are hazardous, and cannot be removed by other means. This operation is always indicated where the action of the heart and lungs is much impeded by fluids collected in the cavity of the chest. Hitherto it has been supposed to be applicable to the evacuation of water or of pus only, and chiefly of the latter in the disease termed empyema. But surgeons are inclined to think that it is

equally proper for the discharge of any other fluid, as for collection of water or purulent matter, such for instance as blood and even air. Thoracocentesis has often been resorted to, but only in extreme cases. This fact suffices to account for the unfavorable termination which has often attended it. When performed early, and under favorable circumstances, it is calculated to produce great relief, even if it should fail to remove the disease. There are, however, serious disadvantages to contend with, and which render this operation far more serious than appears at first sight. The constant motion of the lungs favours the continual production of pus, which is discharged through the opening of the thorax. Another obstacle is an impossibility, in the actual state of the surgical art, of inducing that degree of inflammation known to be the most powerful means of uniting parts that have been divided by the formation of matter. So that, although, in a few instances the quantity of matter gradually decreases, and the external opening contracts and heals, yet it is acknowledged that in a great proportion of those who have undergone the operation of thoracocentesis for purulent collections in the chest, the discharge continues for a great length of time not unfrequently for life.

Should the opening heal, matters being constantly formed collects again in such quantities as to produce a renewal of the symptoms of oppression, so much so indeed as to render another operation indispensable. The *Société Médicale des Hôpitaux* after discussing the *pros* and *cons* of this important sketch seem to have arrived at the following conclusions. 1. The operation of thoracocentesis is usually unsuccessful in chronic pleurisy. 2. There is urgent necessity of operating in cases of imminent asphyxia, excessive quantity of fluid, causing the displacement of the viscera contained in the chest, and resistance of the purulent collection to ordinary treatment.

Thrombus.

The *Deutsche Klinik*, in a late number gave an observation of a thrombus causing the death of a robust soldier who had been suddenly taken by purulent otorrhoea. The thrombus was found occupying the right transversal sinus and the osseous cavity of the internal jugular vein, pressing down upon the nerves which pass through the condyloidean orifice; the nevrilema being full of pus. These nerves also presented to view a fatty degeneration of the nervous tubes as well as that of the ganglion of the pneumogastric nerve. The lungs were the seat of a passive congestion, and muco-sanguinolent infiltration resembling those produced by the action of the tenth pair of nerves. The right lung contained, moreover, six small lobular, softened and inflamed foci. The phenomena which, during life, had revealed the existence of paralysis of the pneumogastric nerve, were paralysis of the muscles of the pharynx and larynx, cessation of the motions of the right side of thorax, except those executed by the diaphragm, and complete absence of all respiratory murmur on that side.

Oxygen as a Therapeutic Agent.

DRS. DEMARQUAY and LÉCONTE give the following counter-indications to the employment of oxygen.

1. A febrile state in all cases except when there are special diathetic conditions as in croup. 2. Deep inflammatory foci and visceral lesions which cannot be carefully watched over. 3. Diseases of the heart or other large vessels. 4. A neuralgic state not dependent upon anæmia or a predisposition to hæmorrhagy.

Stricture of the Larynx.

DR. DELORE, of Lyons, gives an observation of a stricture of the larynx incised with success through the employment of the laryngoscope. The patient had been for several years back troubled with a syphilitic stricture which had increased so as to render asphyxia imminent. Recourse was first had to laryngotomy as a preliminary operation. The laryngoscope having shown the position and extent of the adhering parts they were successively incised by means of the lithotomy instrument invented by COME. The dilatation of the larynx was then performed, the canula taken off, and respiration soon resumed its normal function. Without the use of the laryngoscope, it would have been utterly impossible to ascertain the exact seat and form of the stricture, and no surgeon would have exposed himself to the danger of practising the incision through the mouth, an operation which is unattended with evil results provided the laryngoscope be employed.

Muriate of Lime as a Therapeutic Agent.

DR. RODOLFI, of Brescia, has made a number of experiments on the therapeutical effects of muriate of lime. The following are the main results he has obtained. Complete cure of three cases of paralysis of the lower limbs which had resisted various methods of treatment—notable amelioration in two cases of paralysis brought on by hæmorrhagy and which had been unsuccessfully treated by electricity, strychnia, brucine, seton on the neck, etc. Complete cure in a case of meteorism of the abdomen produced by intestinal paresis. It also caused dessication of the pyogenic membrane in a case of pulmonary excavation, the result of pneumonia, and accompanied with abundant expectoration. By reducing the cough and expectoration in consumptive patients, it brought them considerable relief. It has also been found exceedingly effective in arresting diarrhœa. On the whole DR. RODOLFI does not hesitate placing muriate of lime among the most powerful tonics. It may be employed according to the following formula:

Take of Muriate of lime, 1 gramme or 20 grains.

Solution of Gum Arabic, 200 grammes or 6 oz. and 4 drachms. Mix.

To be taken in the course of twenty-four hours.

Angina Pectoris.

A communication has been made to the *Société de Biologie* in this city, by DR. LANCEREAUX, on the subject of angina pectoris, a disease the nature and cause of which are still a matter of controversy. A

patient of his, a soldier, died suddenly after having had during life several attacks of this formidable malady, which presented all the characteristic symptoms, such as an acute constrictory pain at the lower end of the sternum, inclining rather on the left side and extending up into the left arm, accompanied with great anxiety, violent palpitation of the heart, laborious breathing, and a sense of suffocation. On performing the autopsy of the body, DR. LANCEREAUX ascertained the existence of a lesion of the aorta. The orifices of the coronary arteries were almost entirely closed by osseous deposits. The external tissue of the aorta was the seat of a normal vascularization and the cardiac plexus was also found in the same state. The cardiac nerves presented along their course numerous tumors. As for the valves, they had hardly undergone any alteration whatever. Hence, DR. LANCEREAUX inclines toward the opinion that, in some cases at least, angina pectoris may be owing to a morbid alteration of the cardiac plexus. As to the real nature of the disease, nothing certain is as yet known. It has been considered by HEBERDEN as a spasm of the viscera contained in the thorax; by EISNER and BUTLER, as a degenerated and displaced rheumatic affection, by JURIN, as a disease of the pulmonary nerves producing asphyxia; by DARWIN as a species of asthma. DR. PARRY was of opinion that, angina pectoris is in reality a case of fainting or syncope which DR. CULLEN defines "motus cordis imminutus, vel aliquamdiu quiescens," and as differing from the common syncope only in being preceded by an unusual degree of anxiety or pain in the region of the heart, and in being readily excited during a state of apparent health, by any general exertion of the muscles, more especially that of walking. The French pathologists generally agree in considering angina pectoris as a neuralgic affection *sui generis*. This opinion they justify by the paroxysmal form of the disease, its intermittent character, the violent pain attending it, and the absence of constant anatomical lesion. Whatever be the nature of this formidable malady, its primary or original cause in most cases seems to be either the ossification of the coronaries, or some organic lesion, usually of an osseous nature existing at the origin of the circulation. Such is the opinion of PARRY and KREIJSIG. FOTHERGILL and BLACKWALL have observed, on inspecting the body after death, the cellular membrane of the heart loaded with fat, the pleura and pericardium containing a considerable quantity of water, and the heart itself large and flabby. LAENNEC attributed the cause of angina pectoris to a nervous state of the heart, to neuralgia of the nervous filaments distributed upon the organ. DESPORTES considered it to be due to a neuralgic affection of the pulmonary and cardiac plexuses.

Treatment of Herpes.

The skin of some persons is, as is well known, frequently the seat of an eruption of broad itchy spots dispersed here and there over its surface, of a whitish or red color, which at length run into each other, discharge a thin serous fluid, and sometimes

form extensive excoriations. After a certain time scurfy scales appear, which peel off and leave the under surface red. The same appearances are, however, renewed in a successive series till the disease is either cured, or goes off spontaneously, which is indeed rarely the case. This affection, known as herpes, has usually been combatted by the application of ointments prepared from the oxide of zinc, and the white precipitate of mercury with a small quantity of hydrargiri oxymurias, and lard, making use at the same time of lotions somewhat of a similar nature as recommended in psora. A strong decoction of the fresh leaves of digitalis has also been found to be a very good wash for herpetic eruptions of a troublesome and extensive nature. Dr. ROCHARD, of Paris, says that iodate of mercurial chlorate is very efficacious in promoting the elimination of the morbid products of the skin, and that it has been employed with great success in the cure of herpetic eruptions. He looks upon them as purely local affections to be opposed simply by local remedies.

Mineral Springs at Livry.

M. RAMON DE LA SAGRA, writing from Livry, in the department of Seine-et-Oise, announces that several springs of mineral water, some of which are sulphurous, and others feruginous, have just been discovered in that locality.

Influence of Climate on Complexion.

In a paper addressed to the Academy of Sciences, Dr. TREMAUX endeavors to prove that climate alone is sufficient to account for the marked differences existing between the various races of man independently of intermarriage, or the action of primordial causes dependent on the geological convulsions of our globe. He states that on proceeding from Egypt towards Nigritia, he observed that, notwithstanding all the migrations, invasions, and perturbations which have exercised an action on those races, a regular progression in their modification was discernible. On crossing the Great Desert of Korosko, which is skirted by the territories inhabited by the Barbers, he remarked that those of this race who lived south of the Desert were much blacker than those who lived north of it. Their hair also is more woolly—they are so black that they would be taken for negroes in Europe. Next there were Arabs whose skin was so dark as to contrast most strikingly with the white Arabs of Northern Africa. Further to the south in Sennaar, the inhabitants, called Foongl, were perfectly black, their hair was strongly curled, and their features partook, in a great measure, of those of the real negroes. South of these again there were Arabs who formed an interruption to the progress on, being of a lighter tint, with nearly lank hair and features differing but little from those of the other Arabs. From all these facts Dr. TREMAUX arrives at the conclusion that this transformation of nations is owing entirely to the medium in which they live. North of the deserts the black man tends to become white, while the white man becomes black on migrating to the South.

It is needless to remark, that much has been written on the subject treated by our author, and in most cases the conclusion arrived at is contrary to his own. He, himself, allows that, as above stated, the Arabs living further to the south than the people of Sennaar, have not cast off their original type, though living under a climate peculiar to the negro race. This anomaly would point to the fact of there having been no crosses amongst the Arabs in which case it is difficult to exclude that element altogether as our author does. It is true that he finds the nations of the Soudan perfectly black, though of Asiatic origin, but on the other hand it may be asked why in those numerous parts of Asia, having a climate identical with that of Africa, the races are yellow instead of black? MM. SERRES, FLOURENS, and DE QUATRE-FAGES have been appointed a committee to examine this subject. W. N. CÔTE.

News and Miscellany.

Brains of Man and Animals.

In a paper read by EMERDEN in the anatomy of the chimpanzee, before the British Association, the position taken by Prof. HUXLEY and other comparative anatomists was strongly corroborated—that the brain of the chimpanzee differs from man only in degree, or that it is of the same structure without exception.

Dr. CRAWFORD maintained in a subsequent paper that the material structure of the brain was of far less value than a consideration of its working or living action, and that probably there exist subtle differences between the brain of man and those of the lower animals, that anatomy has not and probably never will detect. The brain of the wolf is anatomically the same as that of the dog, one being an untamable glutton, the other the friend and companion of man. The Australian savage tames the young of the wild dog, and can use them in the chase, yet he cannot do it to the young of the wolf. Again, the hog with its low organized brain, is equal in intelligence to the most anthropoid monkey. The sheep and goat have brains apparently identical in structure, yet one is a stupid and the other an intelligent animal.

Fraxinus Nigra or Swamp Ash as an Anti-periodic.

We have long known of the high repute in which this vegetable is held in the treatment of intermittents among the trappers and pioneers of the far west, and we are pleased to observe the experience of Dr. HENRY, in the *Cin. Lancet and Obs.* He states, that in his hands it never fails to arrest the paroxysms, and believes that it may be substituted for quinia in all simple and complicated intermittents.

Death from Chloroform.

Dr. SANSON in a late number of the *Medical Times and Gazette*, states "that out of fifty-one cases of death from chloroform, thirty-eight declared their danger by sudden stoppage of the pulse; twenty-five of these showed in addition, as a chief sign, pallor of the countenance. In two deaths the symptoms have occurred thus:—Sudden vomiting, instant cessation of the pulse, (food had been taken just before.) In six

cases congestion of the face was the most marked symptom. In eight cases cessation of the breathing was the most marked symptom. There is only one perfect stimulus to the failing heart—the stimulus of aerated blood; and the only means of producing this is by the excitation of respiration.* Artificial respiration may be practiced by one of the two postural methods,—that of Dr. SILVESTER, or that of MARSHALL HALL or by mouth to mouth insufflation, or by galvanism of the phrenic nerve. Before any means for artificial respiration are adopted, the tongue should be well drawn forward. A great error would be committed if a patient in *extremis* were wheeled round to an open window. Dr. Richardson has well established the value of warmth as an adjunct to the respiratory efforts."

Fossil Jaw-bones.

Galignani's Messenger states that "the Abbeville jaw-bone, which raised such a storm a few months ago among geologists, has suddenly received an important reinforcement from a new quarter, MM. GASSIGNOT, MARTIN, and TRUTAT having last week announced to the Academy of Sciences the discovery of two new fragments of human jaw-bones, discovered in the cavern of Bruniquel, (Tarn-et-Garonne,) under circumstances clearly pointing to the coexistence of man with some of the extinct species of carnivora, ruminants, and birds. The cavern lies in a mass of Jura-sic limestone, and open toward the east at an altitude of about seven metres above the level of the Aveyron. Its floor consists of several successive strata, of stalagmite, pudding-stone, interspersed with bunes, and several black argillaceous strata, interspersed with a quantity of flint implements and weapons, bones of various quadrupeds and birds, and a quantity of round pebbles, comprising garnets, gneiss, quartz, eyenite serpentine, etc. Lines of charcoal separate some of these layers; and the bones of the ruminants bear marks of having been fractured for the purpose of getting at the marrow, or making them into instruments or weapons; the extremities alone are still perfect, and have enabled the above-mentioned gentlemen to ascertain the species of *Carnes elephas*, *Bos primigenius*, *Rhinoceros tichorhinus* and several birds, one of these being very large. The reindeer is characteristic of the age of the cavern belonging to M. Lartet's third paleontological period of the quaternary epoch. The flint implements here would prove the existence of man in those ages, but this existence is confirmed by finding the right and left sides of two different human jaw bones. They are both in a bad state of preservation. Among the other fragments of bone there is the humerus of a bird, on which the body of a fish is roughly carved. This seems to have been an amulet or ornament. Ten witnesses were present at the finding of these relics. Hence it appears that three human jaw-bones belonging to the same type (the brachycephalous one) date from three perfectly distinct periods, viz.: that of Aurignac, found in company with the *Urus spelæus*; that of Moulin-Quignon, accompanied by the *Elephas primigenius*; and that of Bruniquel, found among the bones of the reindeer."

Army and Navy News.

Miscellaneous.

Surgeon A. B. Mott, U. S. V., has been relieved from duty as member of the Army Medical Board now in session in New York, for the examination of Asst Surgeons of Volunteers.

Officers whose wounds will not permit them to rejoin their regiments in a less period than thirty days, will be granted leave to go home for treatment. Those whose wounds are slight will be sent to Annapolis, Md.; and as soon as fit for service will be so reported to the Adjutant General by the Medical Director, who will also give the officer an order to rejoin his regiment.

* Arterialization and respiration can be most readily induced in asphyxia, by nitrous oxide, either in its gaseous form through the lungs, or condensed in water and introduced into the alimentary canal by the mouth or bowels.—Z.

Surgeon R. D. Lynde, U. S. V., has been ordered to Washington as a witness before a military commission.

Surgeon A. M. Clark, U. S. V., has reported for duty to General Butler at Bermuda Landing.

Surgeon N. R. Derby, U. S. V., was wounded at the battle of Cane River, while Medical Director to the Red River Expedition.

The Fort Schuyler General Hospital at New York, and the General Hospital at Chester, Penna., have been retransferred to the Medical Department.

Surgeon J. J. De Lamater, U. S. V., has reported for duty at Fort Monroe, Va.

Surgeon R. Nicolls, U. S. V., has reported for duty to Asst Surgeon General Wood, Louisville, Ky.

Surgeon C. F. H. Campbell, U. S. V., is sick at his home in Philadelphia, Pa.

The U. S. Barracks at Augusta, Me., has been turned over to the Medical Department for a hospital.

A hospital of the capacity of five hundred beds is being fitted up at Montpelier, Vt.

Surgeon G. H. Hubbard, U. S. V., has been ordered to resume his duties as Medical Director, District of the Frontier, Fort Smith, Arkansas.

Assignments.

Surgeon Charles McMillan, U. S. V., as member, Army Medical Board at New York, for the examination of Asst Surgeons of Volunteers.

Surgeon W. C. Otterson, U. S. V., as Medical Director, 20th Army Corps, Army of the Cumberland.

Asst Surgeon H. C. Roberts, U. S. V., to Chesapeake Hospital, Fort Monroe, Va.

Surgeon C. A. Cowgill, U. S. V., as Surgeon in charge, Foster Hospital, Newbern, N. C.

Asst Surgeon N. W. Glatfelter, U. S. V., to the Reserve Artillery, 9th Army Corps.

Asst Surgeon J. A. White, U. S. V., to Camp of Transfer, New Orleans, La.

Surgeon C. L. Allen, U. S. V., as Medical Purveyor, Department of the South, Hilton Head, S. C.

Surgeon S. D. Freeman, U. S. V., as Medical Director, District of Iowa, Sioux City, Iowa.

Asst Surgeon J. McCurdy, U. S. V., to duty as Asst Medical Director, 14th Corps, Army of the Cumberland.

Surgeon James McNulty, U. S. V., to Fort Marcy, N. M., (temporarily) as Post Surgeon.

Acting Asst Surgeon Charles A. McQuesten, U. S. A., to Fort Wingate, N. M., as Post Surgeon.

Asst Surgeon J. H. Shout, 1st Cavalry, N. M. Vols., to Fort Union, N. M., as Post Surgeon.

Surgeon E. J. Whitney, U. S. V., as Surgeon in Chief, Expedition against Northern Apaches, New Mexico.

Surgeon C. W. Jones, U. S. V., to report to Major General Sherman, Division of the Mississippi.

Asst Surgeon H. E. Goodman, U. S. V., as Surgeon in Chief, 2d Division, 20th Corps, Army of the Cumberland.

Discharges, Dismissals, &c.

Private Aaron Gleason, 101st Co., 2d Battalion Veteran Reserve Corps, honorably discharged, to accept the position of Acting Asst Surgeon, U. S. A.

Medical Cadet A. P. Eschborn, U. S. A., honorably discharged to accept a commission as Asst Surgeon in a regiment of Ohio Vols.

Medical Cadet Charles H. Weaver, U. S. A., honorably discharged at his own request.

Surgeon Frederick Seymour, U. S. V., dismissed by sentence of General Court Martial, Special Orders, No. 31, current series, Department of the Cumberland.

Asst Surgeon John C. Fruit, 64th Pennsylvania Vols., honorably discharged to accept a commission as Surgeon of another regiment.

Resignations.

Asst Surgeon Robert Bartholow, U. S. Army, to take effect May 14, 1864.

Appointments.

J. E. Cobb and J. L. Linsley, U. S. Army, William Chard, W. H. C. Johnson, D. S. Boleinger, F. A. Baldwin, H. N. Mygatt, E. D. McIntosh, and J. A. Moynihan, U. S. Vols., and J. T. Simpson, of Mass., to be Hospital Stewards, U. S. Army.

Orders.

Asst Surgeon Gerhard Saal, U. S. V., will proceed to Columbus, Ohio, and report for duty to the Commanding General, Northern Department.

Surgeon James D. Strawbridge, U. S. V., is relieved from duty as Examining Surgeon of Recruits, at Harrisburg, Pa., and will report to the Commanding General, Department of Virginia and North Carolina.

Surgeon George Rex, U. S. V., is relieved from duty at General Hospital, Chester, Pa., and will report to the Commanding General, Department of Missouri.

Asst Surgeon Theodore Ariand, U. E. V., is relieved from duty at Benton Barracks, Mo., and will report in person to the Surgeon General for assignment to duty.

ANSWERS TO CORRESPONDENTS.

Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

Dr J. A. S., Ohio—Your Zinc Cup for Battery, was sent by express, May 16.

OBITUARIES.

Dr. M. E. Winchell.

We see it stated that Dr. WINCHELL was murdered recently by guerrillas, on the Mississippi, in the vicinity of Vicksburg. Dr. WINCHELL lately moved from New York to the South-West. He was long a correspondent of this journal from New York City, and was an intelligent writer as well as practitioner of medicine. He leaves a wife, who, we believe, was riding with him at the time of his murder.

Dr. Thomas Jones.

Died on Monday, May 16th, 1864, from a shot wound in the breast, received on the battle-field near Spottsylvania Court House, Dr. THOMAS JONES, Surgeon of the Eighth Pennsylvania Reserves, in the thirty-second year of his age. The subject of this notice was a native of Wales, but removed with his parents in early life to Philadelphia, where he studied his profession, and for several years practised with great success. When the first call was made for volunteers, he in the capacity of lieutenant started to defend the menaced capitol of his adopted country. In the unfortunate riot in Baltimore he was severely wounded. At the organization of the Pennsylvania Reserve Corps he was appointed Assistant Surgeon; his thorough knowledge of surgery soon secured his promotion. He was in many of the most hotly contested battles of the War. When duty called he knew no fear. His general intelligence and skill as a physician secured for him the respect of all who knew him. Every member of his regiment will cherish and love to do honor to the memory of Dr. JONES. His time of service expired the day after he was wounded. For three long years he had endured exposure to the burning sun, the drenching rain, cold and heat, ever at his post ready to raise the fallen, and to succor the faint. Not only the bodies, but the souls of those committed to his charge received his anxious thought and attention. His familiarity with death did not cause him to be careless of the great end of life. He was a communicant in the Protestant Episcopal Church, and in frequent conversation with the writer expressed his belief in the power and willingness of Christ to forgive sins.

MARRIED.

ANDREWS—PRICE—At Avondale, Ohio, by Rev. John F. Wright, F. M. Andrews, M. D., of Dayton, Ohio, and Mary L. Price.

BURGE—SCHNEIDER—At St. John's Church, Yonkers, N. Y., on Thursday, May 12, by Rev. A. B. Carter, D. D., assisted by Rev. L. Burge, J. H. Hobart Burge, M. D., of Brooklyn, N. Y., and Miss Louise Schneider, of Hamburg, Germany, niece of F. Probst, Esq., of Yonkers, N. Y.

STRETCH—GRAY—In St. James' Church Kingsessing, May 19, 1864, by Rev. Charles A. Malson, Dr. C. C. Stretch, of New Jersey, and Miss Anna T. Gray, of West Philadelphia, Pa.

WALLACE—BAKER—In Cincinnati, Ohio, May 16th, by Rev. T. B. Stewart, John G. Wallace, of Memphis, Tenn., and Alma L., daughter of Dr. A. H. Baker.

WEYER—JANEWAY—At New Brunswick, N. J., on Thursday, May 19, Eugene Weyer, of Paris, and Matilda M., daughter of Dr. George J. Janeway.

DIED.

BIDDLE—At his residence in Monongahela City, Pa., May 14th, Dr. E. F. Biddle, in the 64th year of his age.

JONES—Died of wounds, received May 14th, Thomas Jones, Surgeon Eighth Regiment Pennsylvania Reserves.

METCALFE—In New York, on Sunday, May 22d, Emile Montrose, youngest child of Dr. John T. Metcalfe, aged three years and seven months.

ROBINSON—In Cincinnati, suddenly on the 22d inst., Dr. Wm. Robinson, late Surgeon of the 16th Kentucky Regiment.

METEOROLOGY.

| May | 16, | 17, | 18, | 19, | 20, | 21, | 22. |
|-----------------|--------------|--------|---------------|--------------|--------|---------------|----------------|
| Wind..... | E. | E. | S. E. Rain. | E. | S. W. | S. W. N. W. | |
| Weather..... | Cl'dy. Rain. | Cl'dy. | Th dr. Li'ng. | Cl'dy. Rain. | Clear. | Cl'dy. Sh'er. | Clear. |
| Depth Rain... | | | 6-10 | 3-10 | | 1-10 | |
| Thermometer | | | | | | | |
| Minimum..... | 55° | 55° | 57° | 58° | 55° | 58° | 59° |
| At 8 A. M..... | 60 | 64 | 63 | 64 | 66 | 67 | 69 |
| At 12 M..... | 68 | 70 | 70 | 74 | 74 | 79 | 74 |
| At 3 P. M..... | 68 | 73 | 64 | 76 | 76 | 82 | 75 |
| Mean..... | 63.0 | 65.2 | 63.2 | 68.0 | 67.3 | 71.2 | 69.1 |
| Barometer. | | | | | | | |
| At 12 M..... | 30.1 | 29.9 | 29.8 | 29.9 | 30.0 | 29.8 | 29.8 |
| Germanoten, Pa. | | | | | | | B. J. LREDDON. |

MORTALITY.

| | Philadelphia. Week ending May 21. | New York. Week ending May 23. | Baltimore. Week ending May 23. | Boston. Week ending May 21. | Providence. Month of April. |
|--------------------------|---|-------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| Pop'l'n. (estimated.) | 625,000 | 1,000,000 | 240,000 | 180,000 | 52,000 |
| Mortality. | | | | | |
| Male..... | 143 | 231 | 43 | 48 | 50 |
| Female..... | 136 | 183 | 42 | 41 | 47 |
| Adults..... | 122 | 209 | 42 | 41 | 48 |
| Under 15 years..... | 147 | 196 | 43 | 46 | 38 |
| Under 2 years..... | 77 | 128 | 24 | 41* | 21 |
| Total..... | 270 | 414 | 85 | 89 | 97 |
| Deaths in 100,000..... | 46.77 | 41.40 | 35.41 | 49.44 | 186.65 |
| American..... | 219 | 272 | ... | 70 | 52 |
| Foreign..... | 52 | 142 | ... | 19 | 45 |
| Negro..... | 19 | 11 | 14 | 5 | 5 |
| ZYMOTIC DISEASES. | | | | | |
| Cholera, Asiatic..... | ... | ... | ... | ... | ... |
| Cholera Infantum..... | 4 | 2 | ... | ... | ... |
| Cholera Morbus..... | ... | ... | ... | ... | ... |
| Croup..... | 8 | 9 | 2 | 7 | 6 |
| Diarrhoea..... | 5 | 13 | ... | ... | 1 |
| Diphtheria..... | 5 | 24 | 1 | ... | 3 |
| Dysentery..... | 2 | ... | 1 | ... | ... |
| Erysipelas..... | 5 | ... | ... | 1 | ... |
| Fever, Intermittent..... | ... | ... | 1 | ... | ... |
| Fever, Remittent..... | ... | ... | ... | ... | ... |
| Fever, Scarlet..... | 2 | 18 | 4 | 5 | 6 |
| Fever, Typhoid..... | 8 | 4 | 1 | 2 | ... |
| Fever, Typhus..... | 8 | 19 | ... | ... | 1 |
| Fever, Yellow..... | ... | ... | ... | ... | ... |
| Hooping-cough..... | ... | 2 | 1 | 1 | ... |
| Influenza..... | ... | ... | ... | ... | ... |
| Measles..... | 5 | 3 | 7 | 2 | ... |
| Small Pox..... | 3 | 6 | 5 | 6 | ... |
| Syphilis..... | ... | ... | ... | ... | 2 |
| Thrush..... | ... | ... | ... | ... | ... |
| SPORADIC DISEASES. | | | | | |
| Albiminuria..... | ... | 9 | ... | ... | ... |
| Apoplexy..... | 1 | 6 | ... | 1 | 3 |
| Consumption..... | 39 | 65 | 18 | 12 | 13 |
| Convulsions..... | 11 | 21 | 1 | 2 | 1 |
| Dropsy..... | 14 | 23 | 1 | 7 | ... |
| Gun-shot Wounds..... | ... | ... | ... | ... | ... |
| Intemperance..... | 1 | 1 | ... | ... | 2 |
| Marasmus..... | 8 | 12 | ... | 1 | ... |
| Pleurisy..... | ... | ... | ... | ... | ... |
| Pneumonia..... | 8 | 23 | 4 | 11 | 3 |
| Puerperal Fever..... | 1 | ... | ... | ... | 1 |
| Scrofula..... | 1 | ... | ... | 1 | 3 |
| Violence and Acc'ts..... | 7 | 19 | ... | 4 | 6 |

* Under 5 years.

NOTICE.

American Medical Association.

The Fifteenth Annual Meeting of the "American Medical Association," will be held in the City of New York, commencing Tuesday, June 7th, 1864, at 10 o'clock, A. M.

Proprietors of medical journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issue.

GUIDO FURMAN, M. D.,

Secretary.

126 West 25th St., N. Y.